

# Panhandle Health District

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[www.phd1.idaho.gov](http://www.phd1.idaho.gov)

## Health Care at Home Saves Stress

By Cynthia Taggart  
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Louis Johnson was 84 years old and slowing down, but he and his wife, Lily, had no problems taking care of themselves in their Idaho Falls home as long as they stayed healthy. Louis complemented Lily's physical frailties and Lily made up for Louis' slowing mental processes.

"We held our breath because we knew their independence depended completely on decent health that could change at any moment," said 53-year-old Andy Johnson, their son in Coeur d'Alene. "When that change came, I'm not sure what we would've done without home health care and in-home care."

This spring, Lily, 83, needed a pacemaker. Her age and delicate body composition combined to lengthen her recovery. She moved from the hospital into a rehabilitation center for a few weeks before returning home.

During Lily's recovery, Louis had back surgery. He'd scheduled it before the Johnsons knew Lily needed a pacemaker. Doctors told Louis that he'd need help his first week home after surgery. Lily was prepared for the job, until she ended up in surgery herself.

"My dad's doctor said my sister, who lives in California, and I were the only help he had," Andy said. "But Dad hadn't told us about his surgery. My sister was heading to Paris for her daughter's college graduation and I was buried in deadline work with family arriving for a weeklong visit two days after his surgery."

A friend at the Panhandle Health District solved Andy's dilemma. He suggested a Home Health service for Lily and In-Home care for Louis. Home Health provides skilled medical services under a physician's order to people confined to their home. Registered and licensed practical nurses, physical and occupational therapists, speech pathologists, medical social workers and home health aides work in Home Health programs. Medicare, Medicaid and private insurance cover the costs.

Lily needed doctor-ordered medical treatment and assessment, and physical therapy. Louis needed someone to fix his meals, help him dress and bathe and clean up around the house. Louis needed in-home care, services provided by certified nurse's aides (CNAs) and people without medical training.

Medicaid, long-term care insurance or the client's savings cover the costs of in-home care. The cost of service averages \$15 an hour in northern Idaho and most agencies require at least two hours per visit.

The differences between home health and in-home services are important to understand. Home Health care works toward a healthier patient. In-Home care covers maintenance needs. The state licenses home health agencies because they provide skilled services in the home. The state doesn't require in-home services to be licensed because their services are non-medical.

Both services are available to all ages, but most people associate them with the senior population. With medical insurance limiting hospital stays, many middle-aged and younger people need home health services to care for their wounds while they recover at home after surgery.

Choosing a service is as easy as opening the phone book, but some common sense precautions can prevent problems. For home health services, referrals from a trusted source, such as Kootenai Medical Center or the Northwest Specialty Hospital, is a good start. The Home Health division of the Panhandle Health District (PHD) offers the only not-for-profit program in Kootenai County. PHD's is managed locally, so patients have quick access to top management when they have a question, problem or even a compliment.

Most for-profit home health services are part of a large network of agencies spread over several states or over the entire nation. Their corporate offices usually are centrally located. None are in northern Idaho.

Medicare will cover home health costs provided by agencies that are Medicare-certified. Some agencies accept only private insurance or private pay, an important fact to know. Medicare-certified agencies will be listed on [www.medicare.gov](http://www.medicare.gov). This Website is easy to navigate and offers lists of home health agencies by state or county, the services they offer and how they compare in quality.

It provides information on the percentage of each agency's patients that stays home after home health care ends and what percentage returns to the hospital or needs unplanned urgent care.

It's also good to read patient evaluations of home health agencies and find out what actions agencies are taking to improve. For example, PHD's home health program earned an overall score of 94 percent when 213 of its patients were surveyed for customer satisfaction.

The same agency participated in a national study to reduce the number of home health patients who return to the hospital for acute care. The study motivated changes that lowered the hospital return rate to 23 percent. The state average is 25 percent and the national average is 28 percent.

Home health nurses are not private duty nurses. They work regular shifts and divide their time among several homebound patients. Home health aides may accompany nurses if a patient needs bathing or other maintenance care along with medical services. But the aide's role ends with the nurse's when a patient's home health goal is met.

For the non-medical, personal maintenance needs, in-home care is the ticket. In-home care is unregulated in Idaho. If an agency accepts Medicaid, then it must follow Medicaid regulations and have a registered nurse on staff.

Bruce Weaver, president and CEO of AHC In-Home Care in Post Falls, advises people looking for in-home care to ask about the expertise of any agency's owners and staff. Are there medically trained individuals on the management team? Occasionally, caregivers encounter situations that need assessment by a medically trained person. Management teams with medical backgrounds can typically offer broader levels of care to its clients.

"In addition, find out how many years the business has been running and what type of training it provides to its employees," Weaver advises.

Background checks of employees are required, but some agencies do only a state background check. Weaver recommends sticking with agencies that do a full FBI background check with fingerprints because they search records in all 50 states.

Finally, people should ask agencies how they monitor the care given clients, when it's decided that the care should change and how care is documented.

"Who makes sure a caregiver does the required work?" Weaver says.

Home health care and in-home care combined to help the Johnson family during a tough time. Andy Johnson did his homework. He hired an in-home care agency that accepted Medicaid even though his parents planned to pay for the service themselves.

"I felt good about the agencies offering the care, knowing one had to meet Medicare regulations and the other had to meet Medicaid regulations," he said